PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

appropriate. All further co indicated unless corrected maintenance fee notification	orm should be used for train prrespondence including the below or directed otherwise ons.	Patent, advance or in Block I, by (a	ders and no ders end no) specifying	tification of r	naintenance fees ipondence addre	will be mailed to the currents; and/or (b) indicating a se	nt correspondence address parate "FEE ADDRESS" i	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Black I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of th				
23720	7590 09/28/2009				Fee(s) Transmittal. This certificate carnot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.			
WILLIAMS, MORGAN & AMERSON 10333 RICHMOND, SUITE 1100 HOUSTON, TX 77042				Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the Unite States Postal Service with afficient postage for first class mall in an envelop addressed to the Mail Slop ISSUE FEE address above, or being facsimil transmitted in the USFTO (37) 1737-1858, on the data inclinate below.				
							(Depositor's name	
							(Signature	
							(Date	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/825,905	04/04/2001	Geoff		y S. Strongin		2000/050200/TT3965	3699	
TITLE OF INVENTION.			DOTT CING	OF MEN	OPM			
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APPLN. TYPE	SMAIL ENTITY	ISSUE FI	EE	PUBLICATION FEE		TOTAL FEE(S) DUB	DATÉ DUE	
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EXAMINER		ART UNIT		CLASS	-SUBCLASS			
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1. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/: "Fee Address" indie: PTO/SB/47; Rev 03-02 Number is required.	Correspondence	2. For printing on the patient front page, list (1) the names of up to 3 registered patient attoracys or agents OR, alternatively, (2) the extract of a nigels firm (who ring as a member a 2-2 frightered patient attoracys or agents. If no name is lineact, no name will be printed.						
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PLEASE NOTE: Unles recordation as set forth i	is an assignee is identified bi in 37 CFR 3.11. Completion	clow, no assignce of of this form is NOT	data will app La substitute	pear on the pa for filing an	itent. If an assignment.	ence is identified below, the	document has been filed fo	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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Discount of the second		al an (mail) and burnet				Corporation or other private g	Пе	
4a. The following fee(s) are	e assignee category or catego		. Payment of		individual 🖭	orporation of other private g	roup entity Covernmen	
☑ Issue Fee	☐ A check in the amount of the fee(s) is enclosed.							
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5. Change in Entity Status	s (from status indicated above)	_				_	
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Authorized Signature /Jaison C. John/			Date October 28, 2009					
Typed or printed name Jaison C. John			Registration No. 50,737					
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Viry Alexandria, Virginia 22313	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C. application form to the USPT is for reducing this burden, sl gmia 22313-1450. DO NOT 5 -1450.	11. The information 122 and 37 CFR 1 O. Time will vary sould be sent to the SEND FEES OR C	n is required . 14. This co depending u Chief Infors OMPLETED	to obtain or re flection is esti pon the indivination Office FORMS TO	etain a benefit by mated to take 12 idual case. Any r, U.S. Pateor an THIS ADDRES	the public which is to file (as minutes to complete, includ- comments on the amount of to d Trademark Office, U.S. De SS. SEND TO: Commissioner	nd by the USPTO to process ing gathering, preparing, an- ime you require to complet partment of Commerce, P.C. for Patents, P.O. Box 1450	

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